EMS & MANAGED CARE
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Building a Partnership for Emergency Care

Ensuring the Best EMS Response During the Health Care Revolution and Beyond

INDEX

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Message from the Administrator

Effective emergency medical services are among the basic ingredients determining the quality of life in American communities. As we refine our health care systems to improve service and hold down costs, we must ensure that our nation's emergency medical safety net is maintained and enhanced.

As Administrator of the National Highway Traffic Safety Administration (NHTSA), my attention is focused on motor vehicle crashes and their consequences. Motor vehicle crashes are a major public health problem across the country and a leading cause of death and injury of Americans of all ages. We are dependent on Emergency Medical Service (EMS) systems to care for these casualties with quick response to the crash scene, expert medical intervention, and rapid transport to definitive care. We recognize that effective emergency care requires an underlying financial and organizational support system. If the support system is not viable, the emergency care system will not be viable either.

NHTSA recently joined the EMS professional community in developing a vision for the future of EMS systems. This vision, published as the *EMS Agenda for the Future*, lays out three basic strategies for ensuring the future viability and community value of EMS systems. The *EMS Agenda* stresses the benefits of building bridges between EMS and other components of the health care system, developing new tools and resources for EMS professionals, and creating an effective infrastructure for the delivery of emergency care. A key component of the vision, one that combines the three strategies, is the integration of EMS finance and delivery. Integrating payers and providers in a seamless system of community health care promises far-reaching benefits that will enhance both the quality and cost-effectiveness of emergency care.

To facilitate this integration and move toward the vision of the *EMS Agenda*, we invited EMS and managed care representatives to join in a series of roundtable discussions to consider their future partnership. Our intent was to encourage the development of a productive union between the groups by providing an opportunity to identify common interests and discussing resolutions to areas of potential conflict. Our assumption was that we would discover more commonality than difference in interests.

NHTSA is committed to quality emergency care and to the future viability of EMS systems. We need to move towards the vision of the *EMS Agenda for the Future*, to build bridges, develop infrastructure, and identify resources to ensure that our communities receive the best possible emergency care in the years to come.

Ricardo Martinez, MD
NHTSA Administrator

Introduction

Changes in health care financing are affecting the delivery of all aspects of health service, EMS included. Medicare reimbursements for ambulance services are likely to decline for many providers. Financial incentives associated with managed care contracting are causing EMS systems to find more efficient methods of meeting increasing demand with decreasing resources. Local funding of EMS services is less certain in some regions of the country. The EMS safety net that the public relies on is being challenged.

Executives from managed care and EMS came together over the past two years to meet this challenge. In a series of four roundtable discussions convened between June 1997 and January 1999, they identified common principles and set a course for EMS to follow through the changing economic environment. Guidance was developed for communities wishing to follow this course. This monograph summarizes the joint EMS and managed care effort.

Chapter 1 defines the challenge and summarizes the common goals of EMS and managed care. The chapter also highlights differences in perspective and concludes with a mutual commitment to chart a new course for EMS.

Introduction (cont.)

Chapter 2 summarizes key principles of emergency care that are held by both EMS and managed care. These principles affirm that the EMS system must remain a strong safety net, recognize that certain non-traditional transportation and destination options are appropriate and desired for persons with clear non-emergent needs, and advocate for rigorous outcome evaluations of these new options. This chapter also identifies a number of complex issues requiring more detailed discussion.

Chapter 3 addresses these issues and centers on medical direction, evidence-based practice, multiple triage, treatment, and transportation protocols, and EMS response options in a changing economic environment.

The final chapter recommends specific action steps to improve the coordination of EMS and managed care. These include policy development, educational initiatives, and new tools to ensure that EMS survives within the vortex of health care economics. These action steps, which are directed to local, state, and national organizations, are intended to define issues for local consideration and provide guidance for strategic planning.

The Context for Change

The roundtables were conducted in the context of a competitive managed health care environment, yet the discussion and recommendations could apply to any economic paradigm. The overarching challenge is finding the means to extend existing resources while meeting the increasing demand for quality EMS care. This applies whether a community is opening discussions with managed care, facing cuts in their publicly-supported systems, or restructuring its EMS system in response to a decreasing volunteer force.

In our 30 years of experience with organized out-of-hospital emergency care, we have learned some important lessons. EMS is necessarily expensive. It requires reserve capacity to meet unexpected but inevitable demands. It must respond to all persons, regardless of their ability to pay. And most importantly, EMS is key to the overall health of the community. EMS must explore service alternatives and become more efficient. However, since these changes affect people, new response options must be carefully evaluated by sound research.

The economic challenge for EMS is clear. With this series of roundtable discussions, EMS and managed care leaders have built an important bridge between one another to meet this growing challenge. This monograph provides communities with tools to ensure a continuing EMS response during the health care revolution and beyond.

Why Now, Why NHTSA

NHTSA was the first federal agency to lend direction to EMS and has maintained its support throughout 30 years of EMS growth. Early EMS communications systems and ambulances were funded by NHTSA. The agency also helped develop the first Emergency Medical Technician (EMT) training curriculum.

NHTSA is focused on ensuring the highest quality emergency medical services across the country. The agency conducts system support activities such as the Technical Assessment of State EMS Systems, created in 1988 to help states conduct self-studies of numerous process and outcome measures. The National Uniform Prehospital Data Set was developed in 1993 to facilitate uniform data gathering. NHTSA's recent *EMS Agenda for the Future* integrates the impact of new technology, the increasing emphasis on disease prevention and community health, and the economic imperatives of managed care into a comprehensive new vision for EMS. The roundtable discussions reported here are a natural and timely extension of the commitment to EMS held by NHTSA.

Good Faith Discussions

EMS and managed care roundtable participants came as recognized experts in their field, not necessarily as representatives of their organizations. Hence, the principles and guidance developed in these discussions represent general agreement among experts, not organizational positions. Through these discussions, the experts were able to recognize the diversity and needs of each discipline, acknowledge that all parties must be willing to accept operational or administrative change for the common good, and place the needs of all patients first.

CHAPTER 1

EMS and Managed Care Work Together

What is Happening?

The economic forces changing medicine also are reshaping EMS. Rising health care costs are bringing greater cost accountability to all health care providers. Some are entering into risk sharing agreements in which they receive a predetermined fee for coverage of a defined population. Medicare and Medicaid recipients are moving into managed care plans. Managed care organizations are integrating horizontally and vertically, combining individual health care providers with provider groups for economies of scale, and joining payers with provider groups to streamline service delivery and financial administration. One need only look at the changing economics of medicine to predict the forces that will bear on EMS.

How is EMS Changing?

Private EMS firms are consolidating and growing large enough to become publicly-traded companies, increasing economies of scale and providing ready access to capital. Many of these firms are willing to accept risk under capitated managed care contracts. Public and private EMS organizations are integrating EMS resources to provide a more efficient response. Rather than offering a uniform response to all callers, some EMS systems are creating unique clinical pathways for each patient.

These changes raise important questions. Will the financial pressures of the modern health care delivery system diminish EMS' capacity to serve community needs during a disaster? How can we ensure that EMS care will continue to be evaluated on the basis of quality? Will the standard of community EMS protection be threatened?

The first roundtable focused on the common interests of EMS and managed care. Each group presented its perspectives on community emergency care and on the aspects of care that may be affected by EMS and managed care partnerships.

Roundtable participants reached a number of important insights:

1. We Need Common Definitions

The participants did not always share the same concept of "integration" as it referred to establishing new relationships between managed care and EMS. EMS professionals explained that their view of integration incorporates the operational aspects of business, but may not include financial issues.

> ***"I believe that EMS is willing to adjust its operational protocols to accommodate the needs of a managed care payer. However, I don't think we should be asked to change our reimbursement structure. We need to keep our patient focus."***
>
> ***— EMS Participant***

In contrast, the managed care representatives view integration as a much more comprehensive union. That is, under the managed care definition, EMS providers would adopt not only the structural components, but accept risk as well.

> ***"When EMS does not share the managed care incentives, the partnership does not work as well as it should. When EMS providers share the financial risk of serving the population, both partners are truly working for the same purpose and community care is improved. We both need to adopt a community focus."***
>
> ***— MCO Participant***

Differences in basic definitions also became apparent when the two groups discussed the nature of emergencies. Managed care representatives explained how their environment requires them to provide their members with guidance on how to respond in an emergency situation.

> ***"For efficient community care, we need to manage access to care. That is, we need to ensure that the right patients are going to the right places. That way, costs are controlled and better care can be provided."***
>
> ***— MCO Participant***

EMS participants felt that community members should be able to determine what constitutes an emergency for themselves and to seek emergency services without fear of later denial of coverage.

> ***"We need to maintain uninhibited access to emergency care. All community members should be encouraged to call 911 in case of an emergency without worrying that they have to pay out of their pocket if the subsequent diagnosis doesn't agree with their concern. We can't be in a situation where we treat individuals differently according to their health insurance coverage."***
>
> ***— EMS Participant***

2. We Have a lot in Common

The EMS and managed care leaders agreed on the importance of several issues, including access to EMS, quality and cost of EMS, and the need for a common language for clear communication between the EMS and managed care professions. These issues seem to be critical in a variety of organizational contexts and from one part of the country to another.

EMS and managed care have many common goals. Both want to (1) improve health care delivery at the patient level as well as the community level, (2) be involved in quality improvement initiatives, and (3) ensure access to care as well as continuity of care. Both also recognize the need for better outcomes data.

> ***"We are not that far apart on issues regarding utilization of care and the need for clear definitions."***
>
> ***— MCO Participant***

> ***"Managed care is aiming for a seamless continuity of care for patients."***
>
> ***— MCO Participant***

> ***"Many factors influence where a patient is transported, but emergency care of the patient should always be the primary factor."***
>
> ***— EMS Participant***

3. We Need to Talk More

In many circumstances, it was clear that coordination or integration of EMS and managed care could be facilitated by improving communication between the groups. The current lack of mutual understanding was particularly evident in perspectives on the mission and purpose of the two groups.

> *"Managed care asks us to do things the hard way and we don't know why. If we understood why they want us to change our protocols, I think it would improve cooperation."*
>
> *— EMS Participant*

> *"EMS providers could be performing valuable community services such as offering in-home health prevention services or home safety instruction. Some EMS stations could even serve as sites for neighborhood health clinics."*
>
> *— EMS Participant*

4. We Have a Better Understanding

> *"To optimize the cost-effectiveness of patient care, we try to base our treatment protocols on outcome data. We don't understand why EMS has so little evidence of effectiveness."*
>
> *— MCO Participant*

> *"I thought EMS providers only stabilize and transport patients. I had no idea they were interested in performing other functions."*
>
> *— MCO Participant*

5. Let's Continue These Discussions

At the first roundtable, participants agreed that communication channels between EMS and managed care should be more open. The leaders agreed that joint outreach and educational initiatives would help build successful relationships.

They agreed that mutual cooperation could resolve many issues locally without having to resort to legislative remedies or external interventions.

> *"Let's make sure both managed care and EMS representatives are brought to the table."*
>
> *— MCO Participant*

> *"We need to develop a set of guiding principles that can facilitate partnerships and collaborations."*
>
> *— EMS Participant*

> *"By working together to resolve some of these issues, we may be able to eliminate the need for legislative management."*
>
> *— EMS Participant*

Discussion Issues for Next Roundtable

At the close of the first roundtable, participants identified several issues that should be considered in subsequent discussions. These included:

Definitions:

Should there be a common definition of "emergency"? What do we mean by integration? What principles should guide us in developing EMS/ managed care organization (MCO) relationships?

Access:

How can access to 911 be maintained while still allowing MCOs necessary control over their members? In an increasingly competitive health care environment, how does EMS maintain itself as a safety net? Does EMS have a gatekeeping role? How should medical oversight be provided?

Quality:

How does EMS measure quality? Are there certain managed care practices that could be transplanted to EMS?

How does EMS get the patient to the right place at the right time, while providing the right care?

Continuity:

What characterizes a good relationship between EMS and MCOs?

Cost and Efficiency:

Where are the opportunities to decrease the cost and improve the efficiency of EMS without compromising the quality of care?

CHAPTER 2

Agreed-Upon Principles

The *EMS Agenda for the Future* points out that if we are to ensure quality emergency medical services in the future, we must create new partnerships, build infrastructure, and develop new tools and resources. Nowhere is a partnership more critical to the future of community health care than between the groups that deliver emergency medical care and those who finance that care. This chapter summarizes jointly held principles intended to ensure that as EMS evolves, the safety net will be maintained for all who require a prompt emergency medical response.

During the second roundtable, the EMS and managed care participants set out to identify mutually held principles related to: overarching emergency care considerations, access to EMS, emergency medical dispatch, on-scene actions, and patient destinations. Also, they sought to clearly identify those issues which did not result in agreement and to place them aside as agenda items for subsequent discussions.

Overarching Considerations

1. The integrity of the EMS system, and its ability to serve all populations, must be preserved. The unique EMS needs of children and minority groups should continue to be addressed. This responsibility is shared by the community, the local EMS system, and local managed care organizations.
2. The community, the local EMS system, and local managed care organizations should commit to ongoing collaborative assessment of community health needs.
3. Emergency medical services, managed care organizations, and the community should work together to improve the health of the local population.

Principles Related to Access

Managed care and EMS organizations sometimes differ in their definitions of an emergency. Most managed care organizations have systems and protocols in place to ensure that members receive resources appropriate to their clinical needs. EMS typically relies on a caller's judgment to determine whether he or she has an emergency. Can EMS incorporate the best of both these practices?

1. The public should have a clear understanding of what constitutes an emergency and of the appropriate steps for accessing medical care in emergency and non-emergency situations.
2. Each person should have access to EMS for emergencies. This access should be free of language and cultural barriers.
3. EMS, managed care organizations, and other community providers should explore options for handling persons with non-emergent needs who access EMS.

   Clarifying note: These options could allow 911 callers who are identified as non-emergent to be referred to appropriate alternative services.

Principles Related to Dispatch

Emergency medical dispatchers generally presume that an emergent condition exists for most callers. This cautious approach often results in some over-response of system resources. Can certain 911 callers be triaged to alternative health care resources? If so, what principles should guide this practice?

1. All communications centers that interact with the general public (911/EMS, a telephone nurse advice service, or alternative communications center) should have carefully constructed protocols to identify and provide appropriate services to callers.
2. All such communications centers should have physician oversight.
3. All communications centers should have ongoing quality improvement programs that continuously evaluate protocols.
4. Communications centers, if engaged in call referral practices, should be connected to other community resources in a way that allows for rapid and efficient call routing and ensures an appropriate response.

   Clarifying note: This connection implies clear administrative and operational agreements, reliable technological connections, and feedback systems that quickly identify problems in the call referral process.

Principles Related to Provider Actions at the Scene

A managed care and EMS relationship may result in additional options for on-scene providers of emergency care. These options could include treating certain patients at the scene and releasing them, or providing non-emergency health and safety services, such as telephone advice nurse services, as well as non-ambulance transportation to sites other than the emergency department. Also, these options may include the use of non-emergency providers. What principles should apply to these potential practices?

1. The emergency care providers' highest priority at the scene should be appropriate assessment and emergency medical care for the patient.
2. Emergency care providers should participate in Continuing Quality Improvement (CQI) programs.
3. Data systems that link access, dispatch, field and outcome data should be used to drive CQI and research programs.

   Clarifying note: Comprehensive data systems are a critical ingredient in CQI. It is essential that such data registries link dispatch and EMS field data with emergency department outcome data on a timely basis.
4. Any new triage tools that would allow EMS personnel to route patients away from the emergency department should be prospectively validated before implementation and carefully monitored once implemented.
5. EMS providers should use patient contact as an opportunity to practice prevention interventions or promote prevention messages.
6. The EMS medical director should have ultimate medical authority over the EMS system.

Principles Related to Patient Destination

Managed care organizations are interested in triaging patients to destinations where the most appropriate and cost-effective care can take place. Current EMS system transport protocols often do not take a patient's health plan membership into account when considering the site of care for that patient. Future EMS and managed care relationships may result in several patient destination options. If this is the case, what principles should apply?

1. EMS and managed care organizations should cooperatively explore destination options.

   Clarifying note: EMS and managed care should explore optional sites for care that are beneficial for managed care organization members and for the total population served by EMS.
2. Data systems should be capable of tracking all patients who access the EMS system.

   Clarifying note: This includes tracking those patients who access the EMS

system but who are then referred to non-EMS services such as alternative communications centers or other non-emergency services.

3. EMS systems and managed care organizations should work together to ensure appropriate access to and support for specialized centers such as trauma centers, cardiac centers, burn centers, or locally-designated pediatric centers.

4. Destination options should include a comprehensive range of community social services.

Next Steps

The discussions that yielded these principles also uncovered more complex issues that required additional consideration. For example, how much research is necessary to validate decision guidelines before they can be implemented? What is the role of the medical directors of managed care organizations in EMS medical direction? These and other issues shaped the third EMS and Managed Care Roundtable.

CHAPTER 3

Areas of Mutual Benefit and Steps for Achieving Them

The first roundtable began with a mutual intent for cooperation. The second roundtable led to agreement on important principles, and also revealed a number of more challenging issues that were set aside for the third roundtable. This chapter outlines the agreement that was reached on these issues. The discussions covered four critical areas:

- Medical Direction
- Evidence-Based Practice
- Multiple Triage, Treatment, and Transportation Protocols
- EMS Response Options

In each area, participants were asked first to identify the central issue. Next, they identified potential approaches that would be beneficial both to managed care and EMS. Finally, they recommended steps that local or national entities could take to move the issue toward resolution.

Medical Direction

Context

Medical authority for regional EMS systems traditionally has been assigned to a system-wide medical director. The medical director ensures the medical appropriateness of system policies, protocols, and practice. In a managed care environment, it is possible that medical oversight could be shared between the EMS medical director and the medical director of a managed care plan. This raises questions about ultimate authority and coordination of EMS medical direction. Roundtable participants were asked how EMS medical direction can be coordinated when the needs of managed care plans are integrated into the EMS system.

Summary of the Issue

How can consistent, clear, and focused EMS medical direction be maintained, while also incorporating the needs of managed care?

Areas of Mutual Benefit

1. Create a structured, data-driven protocol development process that includes managed care representatives and accommodates managed care needs, yet remains under the direction of a single EMS medical authority.
2. Develop triage tools that accurately identify various levels of patient risk and assign appropriate resources. It is recommended that these tools take into account the level of local provider training, unique urban, suburban, and rural needs, and clinical resources available within a community.
3. Improve public understanding of the role of the EMS system, the role of primary care providers, and how patients' health plans coordinate these roles.

Steps Toward Achieving Mutual Benefit

1. Establish a system of clear EMS medical oversight, while recognizing the needs of managed care plans. It is assumed that the EMS system will remain under the direction of a single EMS medical director.
2. Incorporate the following into medical director training: basic tenets of managed care, how managed care may influence an EMS system, and how medical directors may address managed care plans' needs and interests.
3. Develop and distribute case studies documenting innovative managed care and EMS partnerships that help both parties arrive at local solutions. Provide a template to structure and guide local discussions. Use these tools to generate local dialogue and establish appropriate relationships.
4. Discuss approaches that EMS and managed care can take to educate the public about the role of the EMS system. The goal of this effort is to ensure that those who need emergency services receive them promptly, while those with non-emergent needs address them through their health plan or physician.

Summary of Other Related Discussion Points

"EMS response systems should be regionalized."

— MCO Participant

"New protocols should increase efficiency and resource utilization."

— EMS Participant

"Patients without insurance who call 911 with non-emergent needs should be referred to appropriate resources that will ensure adequate follow-up care."

— EMS Participant

"Clinical performance should be measured and both EMS and managed care plans should be held accountable to established standards."

— EMS and MCO Participant

Evidence-Based Practice

Context

EMS systems are considering new ways to utilize existing resources more efficiently, including finding alternate, and perhaps non-EMS, resources for certain individuals with non-emergent needs. This implies new and innovative protocols and suggests the need for evidence of the effectiveness of these non-traditional alternatives. Participants were asked to discuss how such protocols should be developed and implemented.

Summary of the Issue

Given that there is little scientific evidence supporting many aspects of existing EMS practice and system design, what types of evidence should be required before considering alternative designs?

Areas of Mutual Benefit

1. Ensure that clear evidence of benefit and safety is established before implementing new protocols.
2. Expand the definition of evidence to include various levels of certainty, ranging from empirical evidence to prospectively validated research. Require the most sophisticated evidence for changes with greatest potential for harm.
3. Expand the criteria by which EMS system quality is determined to include clinical outcome and process measures, cost of providing services, and patient satisfaction.
4. Ensure that any changes in EMS system protocol are accompanied by rigorous CQI efforts to track the effects of the change.

Steps Toward Achieving Mutual Benefit

1. Increase the use of CQI in EMS systems.
2. Develop local guidelines that will assist communities in making decisions about the application of evidence to changes in EMS protocols.
3. Develop state and national EMS databases to assist in quality bench marking.
4. Promote regional, cross-jurisdictional sharing of EMS system data, including CQI data.
5. Explore the possibility of integrating EMS quality measures into existing quality monitoring systems such as the Health Plan Employer Data and Information Set (HEDIS), the National Committee for Quality Assurance (NCQA), and the Commission on Accreditation of Ambulance Services (CAAS).
6. Create a set of best practices related to non-traditional protocols and establish a clearinghouse for their distribution.

7. Review and consider the NHTSA Uniform Prehospital Data Set as a measurement tool.
8. Support efforts to create a funded national EMS research agenda that highlights the need for appropriate evaluation of triage options for diverse populations such as people of color, women, and children.

Summary of Other Related Discussion Points

> ***"Certain managed care accommodations, such as alternative patient destinations, may be easily identifiable and implemented in the near term."***
>
> ***— MCO Participant***

> ***"EMS should begin work now to build strong and beneficial relationships with managed care plans."***
>
> ***— MCO Participant***

> ***"When considering regional databases linked with outcomes, patient confidentiality must be ensured."***
>
> ***— EMS Participant***

> ***"Our assumption that an over-response is the safest response may be flawed. This may mean we are drawing resources away from truly emergent patients."***
>
> ***— EMS Participant***

Multiple Triage, Treatment, and Transportation Protocols

Context

As EMS systems develop relationships with managed care plans, these plans may request unique triage, treatment, and transportation protocols for their members with non-emergent conditions who call 911. This raises questions about whether an EMS system could or should accommodate multiple plan-specific protocols. This also poses questions about the level of response delivered to those who are not covered by participating managed care plans, or who are uninsured and call 911 with non-emergent conditions. These issues could hinder the development of new EMS and managed care relationships.

Summary of the Issue

Is it appropriate to integrate multiple protocols within a single EMS system? If so, how will an EMS system integrate these specific needs into its operations given the lack of proven models for doing so? It is assumed that patients with true emergencies will receive the same rapid response regardless of insurance coverage.

Areas of Mutual Benefit

1. Develop reliable technology for real-time identification of managed care organization membership so that EMS personnel may quickly know a patient's plan and benefits.
2. Clarify appropriate EMS response options as well as the appropriate "default" responses for patients with non-urgent needs who are not covered by participating managed care plans.
3. Educate EMS providers about the benefits of effective resource management.
4. Align the financial incentives of EMS agencies and participating managed care plans so that both are motivated to use resources efficiently.

Steps Toward Achieving Mutual Benefit

1. Develop tools and mechanisms for guiding a discussion between managed care and EMS on these topics.
2. Educate EMS providers about financial risk sharing and how this may influence EMS operations.

3 Develop ongoing consumer education programs that explain why the EMS system may provide multiple response options and transport patients to alternative sites of care.

Summary of Other Related Discussion Points

"There would probably not be much plan-to-plan variation in protocols for the actual medical care of plan members who call 911 with non-emergent needs, although transportation methods and destinations may vary."

— MCO Participant

"Is it a public sector responsibility to maintain necessary excess capacity within the EMS system or should managed care pay for it through higher fee-for-service or capitated rates?"

— MCO Participant

"Can a single standard of EMS care be delivered through a variety of resource options?"

— EMS Participant

"What are the financial implications if the 'default' EMS response to patients who are not covered by participating plans is the traditional full advanced life support response? Does this mean that those with the fewest means pay the highest cost for EMS?"

— EMS Participant

EMS Response Options

Context

There is no consensus on appropriate alternative EMS response options. Potential examples include health screening services currently within scopes of practice such as blood pressure checks, expanding the scope of practice for paramedics, or staffing certain ambulances with nurse practitioners or physician assistants to perform services in the field that otherwise would be done in a hospital or clinic. Roundtable participants were asked to outline general principles that may assist local communities in exploring these approaches.

Summary of the Issue

How does EMS define the "right" care for patients who request EMS? Then, how does EMS deliver that "right" care to the patient at the right time and place? How are alternative services, particularly patient treatment without transport, reimbursed?

Areas of Mutual Benefit

1 Cooperatively develop models of alternative EMS response options.

2 Ensure that EMS providers receive adequate training on new response options.

3 Utilize EMS personnel for injury prevention and health monitoring activities.

Steps Toward Achieving Mutual Benefit

1 Conduct pilot projects that test the feasibility of response alternatives and publish findings.

2. Collect and disseminate case studies of successful alternative response models.
3. Collect and publish case studies of successful examples of EMS personnel conducting injury prevention and health monitoring activities.
4. Establish a reimbursement mechanism for EMS responses which results in care but no transport.

Summary of Other Related Discussion Points

> ***"It is important for EMS to think through how new EMS response options might benefit a managed care plan before entering into these discussions with plan providers."***
>
> ***— MCO Participant***

> ***"Develop joint projects that allow both the EMS partner and managed care partner to win early and win often."***
>
> ***— MCO Participant***

> ***"Good training is essential before new EMS response options are implemented."***
>
> ***— EMS Participant***

> ***"What is an agency's liability if such alternative response options are implemented?"***
>
> ***— EMS Participant***

In Summary

Following discussions in the third roundtable, the great diversity of opinion on issues moved closer to consensus. The three important products of this meeting were concise statements of the issues, identification of areas of mutual benefit, and recommendations for steps that can be taken to move us toward this benefit. These action steps are further developed in the final chapter.

CHAPTER 4

Realizing Common Goals through Policies, Education, and Tools

The final chapter reflects the discussion at the fourth roundtable and is divided into two sections. The first section links the fundamental principles that were agreed upon in the second roundtable (Chapter 2) to the action steps developed at the third meeting (Chapter 3), thereby ensuring that the recommended actions will contribute to the commonly held goals of EMS and managed care.

The second section proposes a strategy for implementing the action steps, recommending appropriate lead organizations, and suggesting potential outcomes. The strategy shapes the action items into policies for national and local consideration, educational initiatives for EMS providers, managed care personnel, and the public, and tools to facilitate local, state, and national action.

Section One: Linking Action Steps with Common Goals

I. Summary of Overarching Principles

The integrity of the EMS safety net must be preserved and continue to address the unique needs of all populations, including children and minority groups. EMS and managed care should also work together to assess and improve the health of the community.

Steps for Achieving Overarching Principles

1. Establish a system of clear EMS medical oversight under the direction of a single EMS medical director, recognizing the needs of managed care plans.
2. Incorporate the following into medical director training: basic tenets of managed care, how managed care may influence an EMS system, and how medical directors may address managed care plans' needs and interests.
3. Develop and distribute case studies that document innovative managed care and EMS partnerships and provide a template to structure and guide local discussions.

II. Summary of Principles Related to Access

Each person should have barrier-free access to EMS for emergencies. EMS, managed care organizations, and other community providers should explore options for handling persons with non-emergent needs who access EMS.

Steps for Achieving Principles Related to Access

1. Discuss approaches that EMS and managed care can take to educate the public about the role of the EMS system. The goal of this effort is to ensure that those who need emergency services receive them promptly, while those with non-emergent needs address them through their health plan or physician.
2. Develop consumer education programs that explain why the EMS system may provide multiple response options and transport patients to alternative sites of care.

III. Summary of Principles Related to Dispatch

All medical communications centers that interact with the general public should have carefully constructed and validated protocols that identify and provide appropriate services to callers. These centers should have physician oversight, ongoing quality improvement programs, and connection to other community resources in a way that allows for rapid and efficient call routing and ensures an appropriate response.

IV. Summary of Principles Related to Provider Actions at the Scene

The emergency care provider's highest priority at the scene should be appropriate assessment and emergency medical care for the patient. Emergency care providers should participate in CQI programs that are driven by outcome data. Any new triage tools that would allow EMS personnel to route patients away from the emergency department should be prospectively validated before implementation.

V. Summary of Principles Related to Patient Destination

EMS and managed care organizations should cooperatively explore alternative destination options that include a comprehensive range of community

social services. Alternative resource assignments should be based upon carefully constructed and validated triage protocols, and should ensure appropriate access to and support for specialized centers. Data systems should be capable of tracking the outcome of all patients who access the EMS system.

Steps for Achieving Principles Related to Dispatch, Provider Actions, and Patient Destination

1. Increase the use of CQI in EMS systems.
2. Develop local guidelines that will assist communities in making decisions about the application of evidence to changes in EMS protocols. These guidelines should assign the most rigorous research to system changes that pose the greatest risk to the patient and the EMS system.
3. Create a set of best practices related to non-traditional protocols, evaluate them thoroughly, and establish a clearinghouse for their distribution.
4. Develop state and national databases to assist quality bench marking and promote cross-jurisdictional sharing of this data. Consider the NHTSA Uniform Prehospital Data Set as a measurement tool.
5. Explore the possibility of integrating EMS quality measures into existing national quality monitoring systems, including HEDIS, NCQA, and CAAS.
6. Support efforts to create a funded national EMS research agenda.
7. Develop tools and mechanisms for guiding a discussion between managed care and EMS regarding alternative response options.
8. Educate EMS providers about financial risk-sharing and how this may influence EMS operations.
9. Conduct research that tests the feasibility of response options and publish the results.
10. Collect and disseminate case studies of successful alternative response models.
11. Collect and disseminate case studies of EMS personnel successfully conducting injury prevention and health monitoring activities.
12. Establish reimbursement mechanisms for EMS responses which do not result in transport.

Section Two: Implementing the Action Steps through Policies, Educational Initiatives, and Tools

Policies

Policies for coordinating or integrating EMS and managed care should be developed locally, through discussion and negotiation among all stakeholders. Guidance for local policy development in the form of resolutions, white papers, and position statements, should be developed at the national level.

Policy Issue 1:

Establish a system of clear EMS medical oversight under the direction of a single EMS medical director, recognizing the needs of managed care plans.

Appropriate Lead Organizations:

1. Discussions should be initiated by state and local policy and advisory groups with responsibility for EMS system policy.
2. Policy guidance should be developed by professional and academic organizations which have interests in ensuring clear medical direction for EMS systems.

Potential Results of Policy Discussions:

1. Medical direction in this context may take the form of MCO and EMS physician-driven strategic planning to determine the nature of an EMS and managed care partnership.
2. Managed care representatives may participate in EMS protocol development at the behest of the EMS medical director.
3. Cooperative,physician-driven research may focus on new triaging tools intended to more closely match resources to identified patient need.
4. New roles associated with community health and prevention may be identified for EMS providers.

Measuring Progress:

1. Innovative EMS system designs and provider roles may result from strategic planning that reallocates EMS resources in nontraditional ways.
2. White papers, position statements, or resolutions that further clarify important policy issues may be produced by professional and academic organizations.
3. Consensus conferences that explore policy issues may be hosted by local systems. Results of such conferences may produce educational initiatives.

Policy Issue 2:

Develop state and national databases linked to patient outcomes. The purpose of these databases is to facilitate rigorous and funded community and population-based outcomes research for EMS, assist the development of quality bench marking, and increase the use of CQI in EMS systems. The NHTSA Uniform Prehospital Data Set should be considered as a measurement tool in this process.

Appropriate Lead Organizations:

1. State and local agencies charged with monitoring EMS quality.

2. Federal agencies which have an interest in outcomes research.
3. Managed care organizations and professional and academic EMS organizations which have interests in assuring the safety of new EMS practices.

Potential Results of Policy Discussions:

1. EMS systems may develop technology that links EMS dispatch and field data to emergency department (ED) outcome data on a timely basis.
2. The NHTSA EMS Research Agenda for the Future may encourage EMS research related to the coordination or integration of EMS and managed care.
3. The Agency for Health Care Policy and Research may consider adding data points to the Medical Expenditure Panel Survey (MEPS) and the Health Care Cost and Utilization Project (HCUP) that allow EMS data to be linked to these national data sets. Such linkage could allow large scale population-based research using an existing data set.
4. State agencies charged with monitoring EMS quality may institute statewide EMS registries that pool data from all EMS providers.
5. Managed care organizations may include EMS quality indicators in ongoing health plan quality-of-care evaluations and assessments of patient satisfaction.

Measuring Progress:

1. Population-based EMS data registries are created and linked to outcome data.
2. Well-funded population-based outcomes research is conducted.
3. Data monitoring systems are developed to monitor local EMS system performance.
4. Rigorous CQI practices become widespread.
5. The NHTSA Uniform Prehospital Data Set is revised,updated, and widely implemented.

Policy Issue 3:

Establish reimbursement mechanisms for EMS responses which result in care but do not involve transport.

Appropriate Lead Organizations:

1. Pilot projects, initiated by the Health Care Financing Administration,intended to evaluate the effectiveness of capitation for EMS transportation.
2. EMS system providers and partnering managed care organizations that seek innovative structural and financial relationships.
3. Cooperating EMS providers interested in forming EMS networks and sharing risk.

Potential Results of Policy Discussions:

1. Development of pilot projects between private and public payers and providers, which could be created to test capitation as a form of EMS reimbursement.

Measuring Progress:

1. New forms of reimbursement are brought about by successful EMS and managed care partnerships.
2. Greater cost accounting sophistication is developed by EMS agencies.
3. Sound quality monitoring methods are developed for protocols and practices that result in patient treatment but not transport.

Educational Initiatives

A national consensus conference on EMS and managed care policies could develop core content for important educational initiatives related to this topic. The core content would be organized into discreet subject matter modules. Modules would be selected based on audience needs. The general objectives of these modules would encourage local communities to:

- Facilitate constructive dialogue on this subject
- Emphasize the importance of the EMS safety net
- Advance the concepts in the EMS Agenda for the Future

Module topics would include:

- General concepts of EMS and managed care
- Financial considerations regarding the delivery of EMS in a managed care environment
- Clinical care and triage guidelines, including techniques for integrating tertiary centers into response options
- Regulatory issues, including the participation of regulatory and elected officials in EMS system changes
- The need for consumer understanding of changes in EMS system finance and response
- The importance of rigorous evaluation of EMS system changes
- The role of EMS in community health

Expected audiences include:

- Health plan and EMS medical directors
- Health care administrators
- EMS regulators
- Consumers
- Elected officials
- Purchasing groups
- Policy makers
- Managed care providers

Education modules would be marketed to state and national EMS and managed care organizations and agencies. Each organization and/or agency could select the modules appropriate to its needs. Each module would depict a specific challenge to EMS, what can be done, and what interested parties can do to enhance the system in specific areas.

Tools

Tools for facilitating coordination or integration of EMS and managed care should include:

- Templates for structuring and guiding local discussions between managed care and EMS.
- Collected and published case studies, guidelines, and best practices that illustrate successful examples of alternative response models, including models of EMS personnel conducting injury prevention and health monitoring activities.

Development and Presentation of Tools

A call for abstracts could be developed in conjunction with the national policy consensus conference. These abstracts would summarize examples of successful local collaboration between EMS and managed care. Abstracts would also present successful applications of alternative response models, methods employed to develop the alternatives, and models for EMS involvement in community health and prevention.

Additionally, the Agency for Health Care Policy and Research (AHCPR) maintains a library of best clinical practices. These best practices have been peer reviewed and their development methods graded. EMS guidelines and best practices meeting AHCPR criteria could be submitted to that library of best practices.

Implications

The example is set. Discussions have been opened. The pieces are in place to change EMS for the better. Local communities can translate this monograph into steps that may be implemented tomorrow. This monograph suggests a template for constructive action at local, state, and national levels to coordinate the financing and delivery of emergency care and ensure quality patient care.

Jointly held principles have been promoted to guide local discussions surrounding non-traditional emergency response options and new relationships between EMS and managed care. Policies, educational initiatives, and tools have been recommended and sound research is called for to develop and evaluate new methods for delivering emergency care. These recommendations provide a foundation upon which further local and national action can build.

This monograph represents the first step in a long and continuing effort to guide EMS during changing times. Much work remains. However, much has been accomplished to ensure that EMS will remain viable for all, through the health care revolution and beyond.

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